

Department of Land Management
Building and Zoning Division
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

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TOWN OF SOUTHAMPTON



ANNA THRONE-HOLST
TOWN SUPERVISOR

KYLE P. COLLINS, AICP
TOWN PLANNING AND
DEVELOPMENT ADMINISTRATOR

MICHAEL BENINCASA
CHIEF BUILDING INSPECTOR

ADDITION/RENOVATION

Date Stamp Here:

TO: LANDMARKS AND HISTORIC DISTRICTS BOARD

FROM: _____

DATE: _____

RE: REQUEST FOR CONFIRMATION LETTER
REGARDING ADDITION/RENOVATION
TO STRUCTURE OLDER THAN 75 YEARS

NOTE: Full name and address of the owners(s) must be provided, and of the applicant and the names and addresses of their responsible officers, if any of them are corporations. If applicant is not the property owner, a notarized authorization letter must be submitted from the owner.

Property Owner: _____ Phone No.: _____

SCTM Number: _____

Property Address: _____

Mailing Address: _____

E-mail Address: _____

Age of Structure Cited for Proposed Work: _____

All of the following documentation verifying age and location of structure(s) must be submitted:

(NOTE: documents larger than 11"x17" cannot be accepted)

- ☐ Certificate of Occupancy – Certificate #: _____
- ☐ Assessor Records
- ☐ a brief description of the nature of the proposed work
- ☐ a description of the land on which the proposed work is to be done
- ☐ a statement of use or occupancy of all parts of the land and the building(s)
- ☐ Construction Documentation including:

(1) color photographs of the interior and exterior of all structures

(2) an existing and proposed site plan

(3) architectural drawings, including plans and elevations of the proposed construction

(4) a structural engineer report regarding condition/integrity of all structures
- ☐ if applicant is other than owner, a notarized letter from the owner is required authorizing agent to act on their behalf for this application
- ☐ Other: _____

Note: The Landmarks and Historic Districts Board meets on the third Tuesday of every month at 7:00 p.m. in the Town Council Conference Room on the second floor of Town Hall.

Owner/Authorized Agent Signature